

LINE OF DUTY DETERMINATION

(Proponent is ANG/SG)

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 3309-3315, 10 USC 972(5), 1201-1221 and 8722, 32 USC 802, 38 USC 310, 331, 610 and 612.

PRINCIPAL PURPOSE(s): To determine if member's disease was incurred in line of duty or not in line of duty.

ROUTINE USES: Used by the Air National Guard to determine eligibility for medical care and incapacitation pay and allowances, payment of civilian medical expenses, forfeiture of pay for absence from duty owing to disease caused by intemperate use of alcohol or drugs. Used by the Veterans Administration to determine eligibility for disability compensation or hospital benefits. Used by the Office of Management to determine eligibility for veteran's preference. Used by the Air Force to determine eligibility for physical disability retirement or separation. Information may be reviewed by the Base Ground Safety Office. SSAN is used only for identification purposes.

DISCLOSURE IS VOLUNTARY: Failure to provide information will result in this form being completed using other sources of information.

TO: (Immediate Commander)		THRU: CBPO/DPMOA		FROM: (Medical Facility)	
1. NAME - LAST, FIRST, MIDDLE		2. SSAN	3. RANK	4. ORGANIZATION	
5. DUTY STATUS USC	6. DUTY DATE FROM TO		7. ADMINISTRATIVE LOC <input type="checkbox"/> INITIAL <input type="checkbox"/> CONTINUED		8. INFORMAL LOD <input type="checkbox"/> INITIAL <input type="checkbox"/> CONTINUED
9. NATURE OF <input type="checkbox"/> DISEASE <input type="checkbox"/> INJURY					10. ICD CODE
11. NAME AND LOCATION OF MEDICAL FACILITY FIRST PROVIDING TREATMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN					12. DATE
13. DETAILS OF INJURY OR HISTORY OF DISEASE					
MEDICAL RECORD HAS BEEN REVIEWED TO DETERMINE IF CONDITION IS EPTS <input type="checkbox"/>					
14. SOURCES OF INFORMATION AND ADDRESS					15. DUTY TITLE
16. RECOMMEND LOD <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EPTS					
17. INCAPACITATED <input type="checkbox"/> YES <input type="checkbox"/> NO			18. FROM		19. TO
20. I CERTIFY THAT THE MEMBER HAS BEEN DECLARED INCAPACITATED TO PERFORM NORMAL MILITARY DUTY BY A MILITARY OFFICER (This will apply only if block 17 is marked "yes")					
21. MONTHLY FOLLOW-UP		22. MONTHLY FOLLOW-UP		23. MONTHLY FOLLOW-UP	
24. DATE	25. TYPED NAME, RANK AND TITLE OF MEDICAL AUTHORITY			26. SIGNATURE	
27. ACTION BY CBPO/DPMOA <input type="checkbox"/> IMMED CO <input type="checkbox"/> ACCT & FIN <input type="checkbox"/> MEDICAL <input type="checkbox"/> MPRG					
28. DATE STARTED	29. TYPED NAME, RANK AND TITLE AND SIGNATURE OF CPBO/DPMOA				30. DATE COMPLETED

NAME OF MEMBER (Same as Item 1)		SSAN	
31. TO: APPOINTING AUTHORITY		32. FROM: IMMEDIATE COMMANDER	
33. AS A RESULT OF MY INVESTIGATION, I HAVE DETERMINED THE FOLLOWING:			
34. SOURCES OF INFORMATION AND ADDRESS			DUTY TITLE
35. IN LINE OF DUTY <input type="checkbox"/> YES <input type="checkbox"/> NO	36. MEMBER MAY PERFORM LIMITED DUTY <input type="checkbox"/> YES <input type="checkbox"/> NO	37. RECOMMEND FORMAL INVESTIGATION <input type="checkbox"/>	
38. I CERTIFY THE MEMBER WAS IN A DUTY STATUS AT THE TIME OF INJURY OR THE DISEASE WAS CONTRACTED WHICH COULD RESULT IN ENTITLEMENT TO PAY AND/OR BENEFITS.			
39. DATE	40. TYPED NAME AND RANK OF IMMEDIATE COMMANDER	41. SIGNATURE	
42. <input type="checkbox"/> I CONCUR WITH THE FINDING IN LINE OF DUTY, FORWARD THIS COPY TO THE REVIEWING AUTHORITY.			
<input type="checkbox"/> I DO NOT CONCUR WITH THE RECOMMENDATION FOR A FORMAL INVESTIGATION. A FINAL "IN THE LINE OF DUTY" FINDING IS HEREBY MADE FORWARD THIS FORM TO THE REVIEWING AUTHORITY.			
<input type="checkbox"/> THIS CASE REQUIRED A FORMAL INVESTIGATION. PROCESS IAW AFR 35-67			
43. DATE	44. TYPED NAME, RANK AND ORGANIZATION OF APPOINTING AUTHORITY	45. SIGNATURE	
REVIEWED BY THE OFFICE OF THE ADJUTANT GENERAL (FORWARD TO: ANGSC/SG, MAIL STOP 18, ANDREWS AFB, MD 20331)			
46. DATE	47. TYPED NAME, RANK AND TITLE OF REVIEWING AUTHORITY	48. SIGNATURE	
49. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (Remarks Below) <input type="checkbox"/> NOT LOD, NOT MISCONDUCT EPTS			
50. REMARKS			
51. DATE	52. NAME AND RANK OF APPROVING AUTHORITY	53. SIGNATURE	
54. START INCAPACITATION PAY ON DATE		<input type="checkbox"/> CONTINUE UNTIL NOTIFIED	55. STOP INCAPACITATION PAY ON DATE
56. MONTHLY RECERTIFICATION	57. MONTHLY RECERTIFICATION	58. MONTHLY RECERTIFICATION	
59. I CERTIFY THAT THE MEMBER IS INCAPACITATED FOR NORMAL MILITARY DUTY AND IS ENTITLED TO PAY AND BENEFITS BY LAW. INCAPACITATION HAS BEEN CERTIFIED BY A MEDICAL OFFICER.			
60. DATE	52. NAME AND RANK OF APPROVING AUTHORITY	53. SIGNATURE	